



Town of Acton
Department of Public Health
472 Main Street, Acton, MA 01720
Phone: (978) 929-6632 Fax: (978) 929-6340
www.acton-ma.gov

ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER

Facility Name:

Village Saab

Date 12/9/14

Address:

20 Main Street

Type of Business:

Garage / Detail

Telephone:

978-835-0070

Email: Mark Carlson@VillageSaab.com

Contact Person:

Mark Carlson

Initial Inspection ☒ Re-Inspection ☐

Housekeeping:	Y	N	Comments
Area clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Spills present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Appropriate material storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Materials and wastes separate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cleanup materials available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Materials have secondary containment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Materials and wastes are labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Safety:			
Are MSDS sheets available on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employee personal protective equipment on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employees trained in Haz Mat handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Emergency procedures posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Site Management:			
Waste removed by licensed hauler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Cyn-enc</u>
Floor drains present in area of Haz Mat or waste	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>goes to above ground tank</u>
Sinks present in area of Haz Mat or waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Testing of septic system necessary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does site plan on file reflect current arrangement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any UST (underground storage tank) present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If UST present, is it alarmed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

above ground - pumped by Ratty

Action Items:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Re-inspection required? Yes ☐ No ☒

Re-inspection Date:

Mark Carlson

Inspector Signature

12/9/14

Date

[Signature]

Facility Representative Signature

Date

D.H.
12/10/14

pg 315 ✓

**TOWN OF ACTON
HAZARDOUS MATERIALS CONTROL
ANNUAL PERMIT APPLICATION**



Site Address	Mailing Address
Village Saab 30 393 Main Street Acton, MA 01720	30 Main Street Acton, MA 01720
Category: 2, 4, 9, 12,	Fee: \$ 315

Hazardous Materials Permitting Categories (Renewal)

- | | |
|---|--|
| 1. Hazardous Waste Generator (\$65) | 2. Small Hazardous Waste Generator (\$45) |
| 3. Hazardous Materials Generator (\$65) | 4. Hazardous Materials User (\$45) |
| 5. Discharge Permit (\$140) | 6. Remediation Permit (\$140) |
| 7. Hazardous Waste User (\$65) | 8. Haz. Mat. Storer Large Industry (\$235) |
| 9. Haz. Mat. Storer Small Industry (160) | 10. Haz. Mat. Storer Large Retail (\$170) |
| 11. Haz. Mat. Storer Small Retail (\$140) | 12. Haz. Waste Storer Industry (\$65) |
| 13. Haz. Waste Storer Retail (\$45) | |

1. Are MSDS's readily available on-site? Yes ☒ No ☐
2. Is employee personal protective equipment available on site? Yes ☒ No ☐
3. Are emergency procedures posted? Yes ☒ No ☐
4. Do all hazardous materials have 110% secondary containment? Yes ☒ No ☐
5. Are all materials and wastes clearly labeled? Yes ☒ No ☐
6. Are spill cleanup materials available? Yes ☒ No ☐
7. Do you have a copy of the Hazardous Materials Control Bylaw on site? Yes ☒ No ☐
8. Are you contracting with a DEP licensed waste hauler (if applicable)? Yes ☒ No ☐

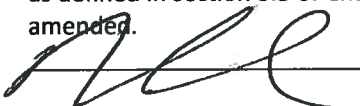
Name of hauler: R.M. Ratta

Address of hauler: 81 Westford Rd. Ayer MA 01432

9. Can you provide copies of waste shipping manifests if necessary? Yes ☒ No ☐

10. Contact person for the site is Mark Carlson

I hereby certify on behalf of Village Saab, the applicant for a permit or permit renewal from the Acton Board of Health pursuant to Chapter I of the Town of Acton General By-laws (the "Permit Application") that (a) the information contained in the Permit Application is true, accurate and complete, and (b) the facility located/operating at the above noted site address, Acton, MA and that is the subject of the Permit Application complies with the requirements for Approval of Hazardous Material Waste and Special Waste Permits as defined in section 3.5 of Chapter I of the Town of Acton General By-laws, Hazardous Materials Control, as amended.


Authorized Signatory

5.19.14
Date

A. Hazardous Material (Non-Waste) Inventory Information

Complete the table below for all non-waste inventory. Use additional pages if necessary.

Chemical/Common Name	Max. Qty (at any one time)	Container Size (single largest container)	Location(s) (see section C)
Oil	275 gal. 275 ____ lbs. ____ cu. ft.	275 gal. ____ lbs. ____ cu. ft.	See Diag
Coal	275 gal. ____ lbs. ____ cu. ft.	275 gal. ____ lbs. ____ cu. ft.	See Diag
Refrigerant	30 gal. ____ lbs. ____ cu. ft.	30 gal. ____ lbs. ____ cu. ft.	See Diag
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	

B. Hazardous Waste Inventory Information

(Hazardous Waste Generator Permit Application/Amendment)

Complete the table below for all waste inventory. Use additional pages if needed.

Name of Hazardous Waste	Treatment/Disposal Method(s) (Definitions provided on bottom of page)	Max. Qty. (at any one time)	Annual Qty. Generated	Location(s) (see Section C)
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/ treatment /disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	

C. Facility Site Plan/Storage Map

Prepare and submit with this Registration Form a simple site map which shows the following information:

- North direction • Street(s) adjacent to facility • Electrical, water, and gas shutoff valves
- Basic floor plan for each building containing hazardous materials/wastes which indicates building entrance(s) and hazardous material/waste storage locations (use grid locations or assign a code - A, B, C, etc. - to clearly identify each storage location for use in the above inventories).

Site Address: 30 MAIN ST. City: Acton
Date Map Drawn: _____

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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D. Endorsement

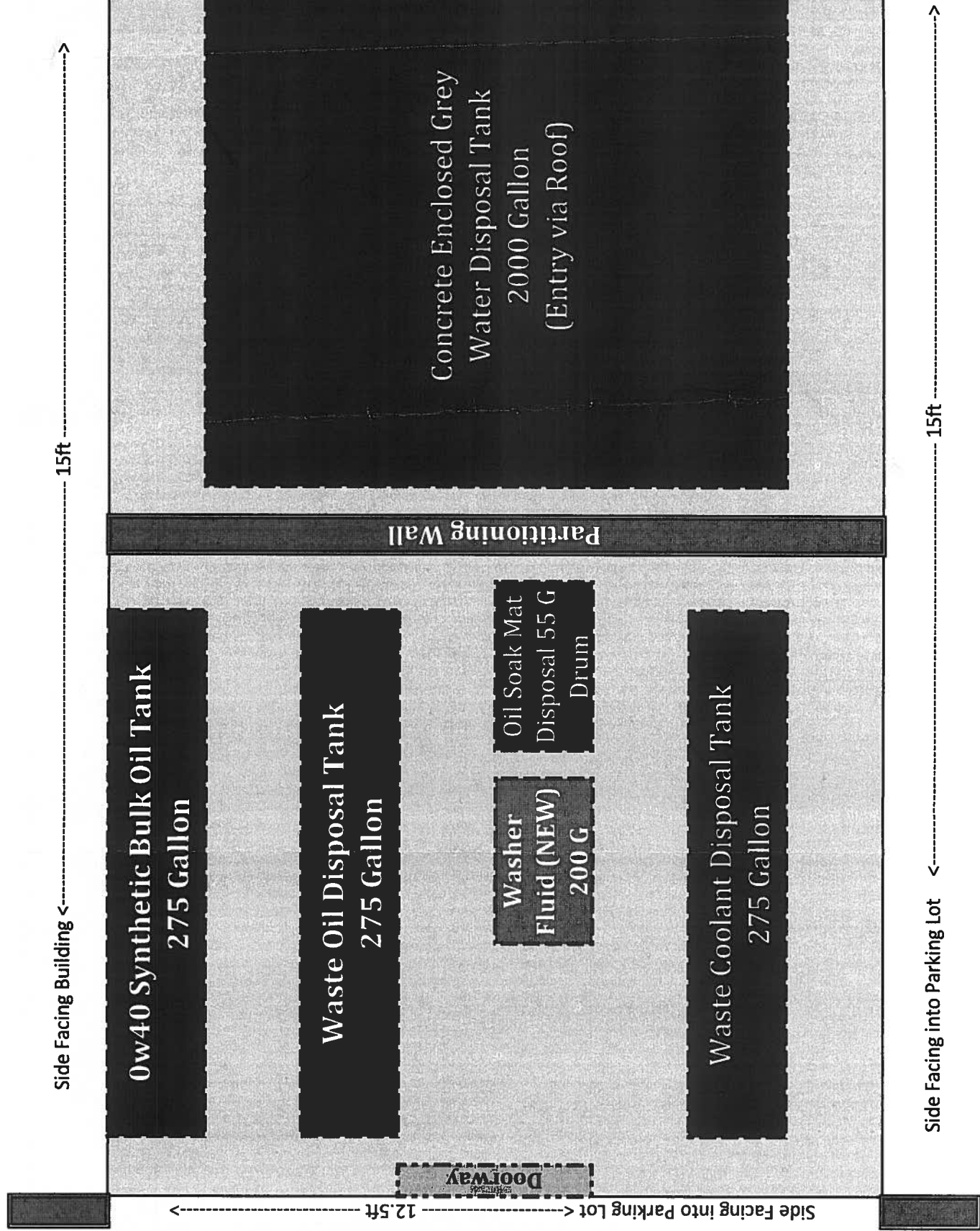
I declare that the above information is true and correct to the best of my knowledge. I agree to comply with all applicable regulations regarding storage, handling, and disposal of hazardous materials and hazardous wastes.

Mark Carlson
Owner/Operator's Name (Print)

[Signature]
Owner/Operator's Signature

5.19.14
Date

----- Do Not Complete below This Line -----



5/1/2014

Expires 5/1/2015

Fee: \$ 315

**TOWN OF ACTON
PERMIT
HAZARDOUS MATERIALS CONTROL BYLAW**

Is hereby granted a permit to store and use Hazardous Materials at **Village Saab, 30 Main Street, Acton MA 01720**. This permit is granted with the conditions as noted on the attached list of conditions assigned to your facility.

Permit Categories: **2, 4, 9, 12,**

*See below explanation of permit categories

HAZARDOUS MATERIALS CONTROL PERMIT CATEGORIES AND FEES

<u>Category</u>	<u>Initial</u>	<u>Renewal</u>
1. Large Hazardous Waste Generator	\$160	\$65
2. Small Hazardous Waste Generator	\$60	\$45
3. Hazardous Materials Generator	\$160	\$65
4. Hazardous Materials User	\$50	\$45
5. Remediation Discharge Permit	\$575	\$140
6. Remediation Permit	\$595	\$140
7. Hazardous Waste User	\$160	\$65
8. Hazardous Materials Storer Large Industry	\$510	\$235
9. Hazardous Materials Storer Small Industry	\$360	\$160
10. Hazardous Materials Storer Large Retail	\$430	\$170
11. Hazardous Materials Storer Small Retail	\$305	\$160
12. Hazardous Waste Storer Small Industry	\$160	\$65
13. Hazardous Waste Storer Retail	\$60	\$45
14. Hazardous Waste Storer Large Industry	\$160	\$65

HAZARDOUS MATERIALS CONTROL PERMIT

List of Conditions:

**Village Saab
30 Main Street
Acton, MA 01720**

Pursuant to the authority of Chapter I - Hazardous Materials Control Bylaw - of the Town of Acton's General Bylaws, the Board of Health has considered your application and plans submitted therewith, and has determined that the materials to be stored, used or generated, are within the scope of said bylaw. The Board of Health hereby orders that the following conditions are necessary and all storage, use or generation must be performed in strict conformance herewith:

1. All liquid Hazardous Materials and Wastes shall be stored in a containment area capable of containing 110% of the largest volume stored in the containment area.
2. All Materials Safety Data Sheets (MSDSs) for the Hazardous Materials shall be maintained on site. MSDSs shall be reviewed with employees at the time of their employment and on an annual basis thereafter. MSDS must be made available to all employees upon request.
3. A Contingency Plan, including emergency contact numbers (Telephone numbers of owner, operator, etc.) and a sketch showing clearly all Hazardous Material and Waste locations shall be submitted and updated annually, to the Board of Health, Fire Department, Police Department, and Civil Defense.
4. Emergency procedures and local Emergency Response Telephone Numbers (Health, Fire, Police, D.E.P., Civil Defense, etc.) should a spill occur, shall be posted in clear view of all employees where Hazardous Materials or Wastes are used or stored.
5. All Hazardous Wastes must be disposed of by a Licensed, D.E.P. approved, hauler or be recycled on site.
7. All Hazardous Materials Containers shall be labeled and dated when filling first began.
8. Speedy Dry, or its equivalent, shall be kept in the storage area, in case of a Hazardous Materials or Wastes spill.
10. All floor drains shall be sealed or discharged into a closed system, with the waste disposed of by a D.E.P. approved Hazardous Waste Hauler.
11. Protective equipment, including chemical resistant gloves, eye goggles and (rubber) boots, in addition to soap and water, shall be made available to all employees, at all times, in any Hazardous Materials or Waste storage or use area.
12. No Hazardous Materials or Wastes shall be discharged into a sink or toilet.
14. A fire extinguisher, containing an appropriate fire extinguishing agent, shall be placed in the Hazardous Materials Storage area.
15. No food or drink shall be stored or consumed in any area where Hazardous Materials are stored or used.
17. A leak detector monitor and an over flow alarm shall be installed in the underground storage tank and the tank shall be tested annually for tightness with the results submitted to the Board of Health.

18. D.E.P. Generator Registration shall be provided annually upon renewal of the Hazardous Materials Storage Permit.
21. Gas cylinders shall not be rolled, even for short distances. They shall be moved by a suitable hand truck, in accordance with an OSHA standard that applies.
25. Prior to any new chemical or processes being used, the Board of Health shall be notified.
26. The operation of this facility shall be in compliance with all present and future regulations of E.P.A. and D.E.P. at all times. Nothing in this permit allows or requires non-compliance with all present and future applicable laws or regulations of the Federal or State Governments.